

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|-----------|
| FEE DETERMINATION | LY G | | 7/20/00 |
| O.I.P.E. CLASSIFIER | FCN | 11 | 7/21/2000 |
| FORMALITY REVIEW | SIC | JCS09 | 8/29/00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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